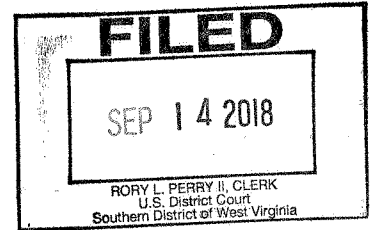


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA



MATTHEW REED 3498503  
c/o P.O. BOX ONE

HUTTONSVILLE, WV 26273  
(Enter above the full name of the plaintiff (Inmate Reg. # of each Plaintiff)  
or plaintiffs in this action).

VERSUS

CIVIL ACTION NO. 2:18-cv-1297  
(Number to be assigned by Court)

West Virginia Division of Corrections and Rehabilitation

JEFF SANDY - MAPS cabinet secretary

Betsy Jividen - WVDOCR Commissioner

See civil case information statement pg 84 and 9  
(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \*\* No \_\_\_\_\_

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: Matthew Reed

\_\_\_\_\_

\_\_\_\_\_

Defendants: WVDOCR

Wexford health sources

STAFF at H.C.C.

2. Court (if federal court, name the district; if state court, name the county);

IN the circuit court of Randolph county

- 
3. Docket Number: \_\_\_\_\_

4. Name of judge to whom case was assigned:

\_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

STILL PENDING

- 
6. Approximate date of filing lawsuit: 8/23/18

7. Approximate date of disposition: \_\_\_\_\_

**II. Place of Present Confinement:** Huttonsville, CORR. CTR.

A. Is there a prisoner grievance procedure in this institution?

Yes X No \_\_\_\_\_

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No \_\_\_\_\_

C. If you answer is YES:

1. What steps did you take? I Filed a grievance

sent it to the commissioner

2. What was the result? I'm sure it will be denied

They always do. When I get it I'll send a copy

D. If your answer is NO, explain why not: \_\_\_\_\_

\_\_\_\_\_

**III. Parties**

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Matthew Reed 3498503

Address: 40 P.O. Box One Huttonsville, WV 26273

B. Additional Plaintiff(s) and Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Sherry Davis  
 is employed as: AW5 -  
 at Huttonville Corr. CTR.

D. Additional defendants: WUDOCK, JEFF SANDY, Betty J. Videm,  
Michael K Martin, Ms Sherry Davis, Steve Fincham,  
"See civil case statement"

ANY AND ALL UNKNOWN OR NAMED DEFENDANTS THAT MAY BE  
NAMED LATER

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I WAS TOLD BY MR. STEVE FINCHAM THAT MS SHERRY DAVIS  
TOLD HIM NOT TO LET ME SEND OUT ANY MAIL WITHOUT HER  
OKAY IT FIRST WHICH IS IN VIOLATION OF MY FOURTEEN AMENDMENTS,  
FIRST AND FIFTH AMENDMENTS. THEY WILL NOT LET ME MAIL  
OUT ANY MAIL AT THIS TIME WHICH IS UNLAWFUL  
AND VIOLATION OF WUDOCK POLICY 503.00

PURPOSE THIS IS TO GET BACK AT ME FOR FILING

**IV. Statement of Claim (continued):**

A CIVIL ACTION ON WLDOCR, Huttonsville, Tenn. CTX  
AND there Medical Dept.

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want this court to order WLDOCR AND ~~ALL~~ ALL  
its STAFF to go by policy 503.00 AND let me  
SEND out MY Legal Mail and Privileged  
Mail for Free without limits

"Policy Directive 503.00 dated APRIL 14, 2017"  
ALSO I ask this court to order WLDOCR  
to pay all court cost, MY attorney fees, AND pay  
ME ONE MILLION DOLLARS FOR physical AND Mental  
Anguish



If so, state the lawyer's name and address:

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Signed this 11 day of September, 2018.

Matthew Reed

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Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/11/18  
(Date)

Matthew Reed

Signature of Movant/Plaintiff

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Signature of Attorney  
(if any)